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#### RECIPIENT COMMITTEE CAMPAIGN STATEMENT

(Government Code Sections 84200-842 17)

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PAGE 1 OF 19

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#### ALLOCATION PAGE FORM 420

PAGE 2 OF 19

STATEMENT COVERS PERIOD
FROM THROUGH

2-28-88 3-26-88

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE

LD NUMBER

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	PAGE 3 OF 19
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N (See II	nstructions on Reverse)

### CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE

		(Amounts May	Be Rounded 1	V1. 23 To 100	ars)	2/28	58	3/26
Committe	TE, OFFICEHOLDER OR COMI	MITTEE: HHHCHOOCK	AKin			I.D. NUMI		OMMITTEE)
ONTRIBUTIO	ONS RECEIVED	•	COLUMN A Cumulative to from previous po	otal	COLUMN B Total this period from attached schedules	Cy	COLUN mulative Columns	e to date
1. Monetar	y contributions		<u>\$ 185.0</u>		585.00 SCHEDULE A, LINE 3	<u>\$</u>	<u>16</u>	<u>8. –                                     </u>
2. Loans re	eived		500.0	0	8		50	00.
3. SUBTOTA	AL CASH RECEIPTS		\$ 685.0	oo l	schedule 8, LINL 7 \$ 563.00	\$	126	8
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5. TOTAL C	ONTRIBUTIONS WITHO	UT		^	SCHEDULE C, LINE 3	***************************************		
6. Enforcea	ble Promises (Except I	oan	685.0 LINIS3 + 4		583.00 LINES 3 + 4		<u>  26</u> LINES	production of the control of project or supplications.
7. TOTALO	ONTRIBUTIONS	.,	\$ 685.C	0	\$ 583.00	\$	124	<u>08</u>
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			A		994.66		00/	1.66
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11. Accrued	expenses (unpaid bills)				SCHEDULE F, LINE 5			nachternen-profession in der men ergegen.
12. TOTALE	(PENDITURES		\$ 0 LINES 10 + 1		\$ 994.66 LINES 10 + 11	<u>\$</u>		1.66
	IF THIS IS THE FIRST RE		THE CALENDA	AR YEAR, COL	UMN A SHOULD BE B			(UAL LINE 12, NS A + B)
		EXCEPT	OR LINES 2, 6,	9 AND 11.			j	
	STATEN	IENT OF CHAI	VGES IN FIN	ANCIAL COI	NDITION			
13. Cash on l	nand at the beginning of reporting period " fro	of this period. (E	nter "Cash on ement filed.)	hand	s 685.00			
	eipts this period (Line 3,				<u>583.00</u>	<del>orto</del>		
15. Miscella	neous increases to cash	(Schedule G, Lin	e 4)					,
16. Cash pay	ments this period (Line	10, Column B al	oove)		994.66	<del></del>		
	nand at end of reportir a Termination Stateme				.,.,.,.			HAND SHOULD
18. Amoun	t of loan guarantees re	ceived (Schedul	B, Part I, Colu	ımn (b))		NOT 1	IE A NEGATI	IVE AMOUNT
19. Cash equ	ivalents (other assets h	eld including ou	tstanding loar	ns made to oti	hers).	£	<i>A</i>	werkraken with a state of the s
•	nt: See instructions on ling debts (Line 2 + Lir					<u>*</u> \$	500	00
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21. CO	ITRIBUTIONS RECEIVED			1				
	ENDITURES MADE:	***************************************						

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#### SCHEDULE A MONETARY CONTRIBUTIONS RECEIVED FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

PAGE 4 OF 19

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	6 .	1				1

3/1-/88 | 3/31/88

	San Hitchcock Akin		I.D. NUMBER (IF C	
DATE REC'D	FULL NAME AND ADDRESS OF CONTRIBUTOR  (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	OCCUPATION  EMPLOYER (IF SELF-EMPI OYED, ENTER	AMOL	
3/16/88	Joyce N. Sullivan 1819 Edgewood Dr. Lodi, Ca. 95240	NAME OF BUSINESS)  Occupation:  UN KNOWN  Employer:  UN KNOWN	THIS PERIOD	TO DATE
3/25/88	michael L. Brandt 1543 Hack Ave Campbell, Ca. 95008	Occupation: Teacher Employer: De Anza College	100.	100
		Occupation: Employer:		
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	de all Schedule A subtotals)		<u>\$ 200.</u> 383	.09

(Line 1 + Line 2) Enter here and on Line 1, Column B of Summary Page.....

3. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD

### **SCHEDULE A** MONETARY CONTRIBUTIONS RECEIVED (CONTINUATION SHEET) FORM 420 OR 490 (Amounts May Be Rounded To Whole Dollars)

PAGE 5 OF 19

STATEMENT COVERS PERIOD THROUGH FROM

NE OF CANDI	DATE, OFFICEHOLDER OR COMMITTEE:	I.D. NUMBER (IF COMMITTEE)			
DATE	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION	AMOUNT		
DATE REC'D	(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LO: NUMBER OR, IF NO LO, NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S: NAME AND ADDRESS)	EMPLOYER  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CUMULATIV TO DATE	
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# SCHEDULE B -- LOANS RECEIVED (PART 1) FORM 420 OR 490 (Amounts May Be Rounded To Whole Dollars)

PAGE 6 STATEMENT COVERS PERIOD FROM THROUGH

<u> </u>							
NAME OF C	ANDIDATE, OFFICEHOLDER OR COMMITTEE:				1.D	NUMBER (IF CO	OMMITTEE)
PARTI:	LOANS RECEIVED						
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	OTAL LOANS REPAID, FORGIVEN OR PAID BY A 1 Line 4 + 5)						
7. N	NET CHANGE THIS PERIOD (Subtract Line 6 from L	ine 3)					\$
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# SCHEDULE B -- LOANS RECEIVED (PART 1) (CONTINUATION PAGE) FORM 420 OR 490 Amounts May Be Rounded To Whole Dollars

PAGE	OF 19	
STATEMEN	T COVERS PERIOD	•
FROM	THROUGH	

	(Amounts Ma	ay Be Round	ded to Whol	e Dollars)			FR	ОМ	THROUGH
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PART I:	LOANS RECEIVED						William		
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constant make to transmiss and an artist 40 and 40 https://doi.org/10.00140		NAME OF LENDER	<del></del>	Occupation:		ewarus acombines			**************************************
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### SCHEDULE B -- LOANS RECEIVED (PART 2) FORM 420 OR 490

PAGE 8	OF	19
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(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

FROM THROUGH

NAME OF CAN	IDIDATE, OFF	ICEHOLDER OR COMMITTEE:					I.D. NUMBER (IF COMM	NTTEE)
PART 2: L	OAN REPA	YMENTS MADE, LOANS	FORGIVEN	OR PAID I	RIHT A YE	D PARTY		
DATE OF REPAY- MENT OR FORGIVE- NESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INT. RATE (IF CHANGED)	CHECK IF A FORGIVEN*	PPLICABLE  REPAID BY  THIRD  PARTY*	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL (DO NO INCLUDE PAYMEN OF INTEREST)	T OUTSTANDING PRINCIPAL	INTEREST PAID**
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							and the second s	ened kirild i del district o trollegia al que dando ante de circida de l'ene
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est-cased on a membra Magazappan salah Mana								- Angeling and the state of the
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					-			
FORGIVING	THE LOAN OR	THE THIRD PARTY REPAYMEN  AT OF A LOAN IS FORGIVEN OR REITHE THIRD PARTY MAKING THE PARTY REMITED ON SCHEDULE A, WITO OAN, OR THIRD PARTY REPAYMEN	YMENT AND THE	HE AMOUNT	PERSON UBTOTAL	(c)		
**TOTAL ALL INTEREST PAID THIS PERIOD. ALSO ENTER ON LINE 3 OF THE SUMMARY SECTION OF SCHEDULE E. DO NOT CARRY THIS TOTAL TO THE SCHEDULE B SUMMARY THIS PERIOD  (d)						(d)		

## SCHEDULE B -- LOANS RECEIVED (PART 3) ANNUAL REPORT OF OUTSTANDING LOANS RECEIVED FORM 420 OR 490

PAGE	9	OF	19
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(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
2/2.9 FROM THROUGH

学/88 学

NAME OF	CANDIDATE,	OFFICEHOLDER C	OR COMMI	TTEE:
	Susan	Hitchac	n W	AKIN

1.D. NUMBER (IF COMMITTEE) 880 541

#### PART 3 -- ANNUAL REPORT OF OUTSTANDING LOANS RECEIVED -- SEE INSTRUCTIONS ON REVERSE BEFORE COMPLETING.

FULL NAME OF THE LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
David z Susan Akin 141 S. Avena Lodi Ca. 95240	2/22/88	500.	500	Þ
_				
www.datalanda.net.01000.ft.01000.ft.0000.ft.0000.ft.0000.ft.on.datalanda.net.on.do-re-central personal				
		,		
		TOTAL	500	

(NOTE: THIS TOTAL SHOULD BE THE SAME AMOUNT AS ENTERED ON LINE 2, COLUMN C OF THE SUMMARY PAGE)

## SCHEDULE C NON-MONETARY CONTRIBUTIONS RECEIVED FORM 420 OR 490

PAGE	10	OF_	19
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(Amounts May Be Rounded To Whole Dollars)  ME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:  LD. NUMBER (IF COMMITTEE)  ATE OF CONTRIBUTOR  OF CONTRIBUTOR  CD. DESCRIPTION OF MARKET LATIVE			FORM 420 OR 490		STATEMENT	COVERS PERIOD
FULL NAME AND ADDRESS OF CONTRIBUTOR BE COMMETTED IN ADDRESS OF CONTRIBUTOR OF STATE OF COMMETTED IN ADDRESS OF		(Amount	ts May Be Rounded To \	Whole Dollars)	FROM	THROUGH
GOODS OR SERVICES  PERMANENT IN AND AND ADDRESS OF SERVICES  PROCESS OF	AE OF C	ANDIDATE, OFFICEHOLDER OR COMMITTE	E:		I.D. NUMBER (#	COMMITTEE)
Occupation:  Employer:  Occupation:  Employer:  Occupation:  Employer:  Occupation:  Employer:  Occupation:  Employer:  Occupation:  Employer:  SUBTOTAL	ATE C'D.	OF CONTRIBUTOR:  (IF COMMITTEE, IN ADDITION TO COMMITTEE'S  NAME AND ADDRESS, ENTER TO NUMBER  OR, IF NOT, D. NUMBER HAS BEEN ASSIGNED,	EMPLOYER (IF SELF-EMPLOYED, EN EER	DESCRIPTION OF GOODS OR SERVICES	MARKET	CUMU- LATIVE AMOUNT
Occupation: Employer:  Occupation: Employer:  Occupation: Employer:  Occupation: Employer:  Occupation: Employer:  Substotal  Substotal		ENIER INC. IREASURER 3 HAMIL AND AUGUSTS	Occupation:		***************************************	
Employer:  Occupation: Employer:  Occupation: Employer:  Occupation: Employer:  Occupation: Employer:  Substotal.			Employer:			
Occupation: Employer:  Occupation: Employer:  Occupation: Employer:  Occupation: Employer:  Occupation: Employer:  Subtotal.						
Employer:  Occupation: Employer:  Occupation: Employer:  Occupation: Employer:  SUBTOTAL			enter the state of		oversion in the 1-150 has been supply uses to read of 100 has been promoted in the Augustus and	
Employer:  Occupation: Employer:  Occupation: Employer:  Occupation: Employer:  SUBTOTAL						
Occupation:  Employer:  Occupation:  Employer:  Occupation:  Employer:  SUBTOTAL	WORKERS THE PROPERTY OF THE PR		Occupation:			
Employer:  Occupation:  Employer:  Occupation:  Employer:  SUBTOTAL	<b>)</b>	•	Employer:			
Occupation:  Employer:  Occupation:  Employer:  SUBTOTAL  SUMMARY		enemental de la proprieta de la proprieta de la composition della compositamente della composition della composition della composition del				·
Cocupation:  Employer:  Occupation:  Employer:  SUBTOTAL  SUMMARY	gayadiilingiih yiMilayiga xan		Employer:			
Occupation: Employer:  SUBTOTAL  SUMMARY				on quantum	***************************************	
SUMMARY	···					<b></b>
SUMMARY			Employer:			- Transferred
	CCAMMATAN MEMBERS (MAIL SANCE)			SUBTOTAL	and an income and a second and a	
NON-MONETARY CONTRIBUTIONS OF \$100 OR MORE RECEIVED THIS PERIOD	<u>Secondo Propinso</u>	дес калония ну разду (пециник да приявания уписносносность пределення до станов до до предоставления подоставления	SUMMARY	урон Найман унда «Подомуний байай жайтуу ундаруй маликей «Падиатикой компейской откорон байай жайын жайын жай	) - And Annual Conservation of State Conservation of State Conservation (State Conservation)	
NON-MONETARY CONTRIBUTIONS UNDER \$100 RECEIVED THIS PERIOD (Not	N :	ON-MONETARY CONTRIBUTIONS	UNDER \$100 RECEIVED THIS	PERIOD (Not	<u>\$</u>	Michigan manyari Michigan School Spectra dari adalah da Saper
itemized)		·				

#### **SCHEDULE D ENFORCEABLE PROMISES TO MAKE A PAYMENT** (Other Than Loan Guarantees,

Loan Endorsements and Loan Security)
FORM 420 OR 490
NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises to make a payment." However, such promises must be reported on Schedule B, NOT Schedule D.

PAGE	OF_19
CTATCAGENIA	COVERS PERIOD
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FROM	THROUGH

		(Amounts M	ay Be Rounded To Whole Doll	lars)	FROM	THROUGH
N	AME	OF CANDIDATE, OFFICEHOLDER OR COMMITTE			I.D. NUMBER	(IF COMMITTEE)
	DAT REC	FULL NAME AND ADDRESS OF CONTRIBUTOR OF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD NUMBER OR, IF NO 1.D NUMBER HAS BEEN ASSIGNED. ENTER THE TREASURER'S NAME AND ADDRESS)	OCCUPATION  EMPLOYER  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD  (ALSO ENTER ON SCHEDULE A)	CUMU- LATIVE AMOUNT UNPAID
-minist			Occupation: Employer:		SCIEDUL N	
entotoyii kir	araya kupin dari 440		Occupation: Employer:	·		
			Occupation: Employer:			
· · ·			Occupation: Employer:			
<del>etstac y h</del>			Occupation:			
<del>-corocenti</del>	***************************************		SUBTOTAL	(a)	(b)	
á	22 33 44 55	AMOUNTS PROMISED OF \$100 OR MOI AMOUNTS PROMISED UNDER \$100 TH TOTAL PROMISES RECEIVED THIS PERIO PROMISES OF \$100 OR MORE PAID THIS PROMISES UNDER \$100 PAID THIS PER (Also enter on Line 2 of the summary se	IS PERIOD (Not itemized)  OD (Line 1 + 2)  IS PERIOD (Column (b))  IOD (Not itemized)			
•	74.	TOTAL PROMISES PAID (Line 4 + 5)  NET CHANGE THIS PERIOD (Subtract Line 6)  Enter the difference here and on Line 6	ne 6 from Line 3)	•		\$ (May be neg-

## SCHEDULE E PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE FORM 420 OR 490

ORM 420 OR 490

STATEMENT COVERS PERIOD

(Amounts May Be Rounded To Whole Dollars)

7 FROM 3 THROUGH
74/68 751/68

I.D. NUMBER (IF COMMITTEE)

880541

PAGE 2

#### **CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule and the back of page 12 for detailed explanations of each category.

- "C" MONETARY & IN-KIND CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES
- "1" -- INDEPENDENT EXPENDITURES TO SUPPORT OR OPPOSE OTHER CANDIDATES OF MEASURES
- "L" LITERATURE
- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING

- "O" OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "G" -- GENERAL OPERATIONS AND OVERHEAD
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 4 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD. NUMBER OR, IF NO LD, NUMBER HAS BEEN ASSIGNED, ENTER DIE TREASURER'S NAME AND ADDRESS)	CODE <b>O</b> R	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Joaquin Lumber P.O. Box 71 Stockton, ca. 95201	0		80.56
Duncan Press Inc. 25 W. Lockeford St. Lodi, Ca. 95290	0		274. 54
Lodi Printing Co. P.O. Box 479 Lodi, Ca. 95241		**	239.56
Lod' News Sentinel Church St. Lod'. Ca 95240	N		400
		SUBTOTAL	994.66

**IMPORTANT:** Contributions and expenditures made out of campaign funds to or on behalf of *other* candidates or committees must also be entered on the Allocation Page, Page 2.

#### **SUMMARY**

1.	PAYMENTS OF \$100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals)	\$_	914.10
2.	PAYMENTS UNDER \$100 THIS PERIOD (Not itemized)	· maker	80.56
3.	TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (d))		Ø
4.	TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4)		Ø
5.	TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of	\$	999.66

#### **SCHEDULE E** PAYMENTS AND CONTRIBUTIONS (OTHER THAN LOANS) MADE (CONTINUATION SHEET) FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

PAGE 13 OF	Ω
STATEMENT COVERS FROM THR	PERIOD OUGH

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

ID NUMBER (II COMMITTE)

#### CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. Refer to the back of this schedule for detailed explanations of each category.

- "C" -- MONETARY & IN-KIND CONTRIBUTIONS TO OTHER CANDIDATES OR COMMITTEES
- "I" INDEPENDENT EXPENDITURES TO SUPPORT OR OPPOSE OTHER CANDIDATES OR MEASURES
- "L" -- LITERATURE
- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING

- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "G" -- GENERAL OPERATIONS AND OVERHEAD
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column. NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S AMOUNT PAID NAME AND ADDRESS, ENTERED NUMBER OR, IF NO LD NUMBER HAS BEEN ASSIGNED, ENTER THE DESCRIPTION OF PAYMENT CODE OR THE ASURER'S NAME AND ADDRESS) **SUBTOTAL** 

# SCHEDULE EE LOANS MADE TO OTHERS FORM 420 OR 490 (Amounts May Be Rounded To Whole Dollars)

PAGE 19 STATEMENT COVERS PERIOD FROM THROUGH

ME O	F CANDIDATE	, OFFICEHOLDER OR COMMI	TTEE:					I.D. NI	JMBER (i	F COMMITTEE)	
PART	I: LOANS	MADE TO OTHERS									
DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT			•	INT. RATE DUE DATE		E A	AMOUNT		CUMULATIVE AMOUNT	
				a Oli Berlin (Michele de despherenties) propriet en communication (Communication							
								**************************************			
					S	SUBTOTA	L	····			
PAR		REPAYMENTS RECEIVE S CANDIDATE, OFFICE)				OLDER OR	соммітт	EAN	LOANS	FORGIVEN	
DATE O REPAY MENT O FORGIV NESS	- DATE OF	FULL NAME OF RECIPIENT OF LOAN	INT. RATE (IF CHANGED	FORGIVEN L	EN/PAID BY TE OANS: Enter "Forg given loans on Sche BY THIRD PARTY: E of third party	given." ALSO Edule E	AMOUNT RE OR FORGIVE PRINCIPAL (I INCLUDE REC OF INTERES	N ON DO NOT LIPT	OUT- STANDIN PRINCIPA		
		-		And the latter of the latter o							
HEARTH FEBRUARY EXCEPTION PLACE				are to a great of the little and a second an	SUBTO	Γ <b>AL</b>	(8)				
*			*TOTAL ALL INTER ON LINE 3 OF THE S NOT CARRY THIS T	SUMMARY SEC	THIS PERIOD, ALSI TION OF SCHEDUL SUMMARY BELOW	E G.DO	TOTAL THIS PE	INTERE RIOD	ST RECEIVE	ED (b)	
1.		\$100 OR MORE THIS PE	RIOD (Part 1)		*******						
2. 3.		DER \$100 THIS PERIOD  ANS MADE (Line 1 + 2)	-	•							
4.											
<b>5.</b>		RECEIVED ON LOANS t by a third party) (Not									
6.	TOTAL LO	AN REPAYMENTS RECEI	VED THIS PER	tIOD (Lin	e 4 + 5)			*********	******		
7.		GE THIS PERIOD (Subtra lifference here and on L			mmary Pag	<b>e</b>		e anglana ang		\$ (May be negative figure)	

# SCHEDULE EE - LOANS MADE TO OTHERS (CONTINUATION SHEET) FORM 420 OR 490 (Amounts May Be Rounded To Whole Dollars)

PAGE_	15	_ OF _	19	
STATE	MENT C	OVERS F	ERIOD	
FRC	M [	THR	OUGH	

ME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

LD. NUMBER (IF COMMITTEE)

Anii. EVA	NS MADE TO OTHERS	1			
DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT	INT. RATE	DUE DATE	AMOUNT	CUMULATIVE AMOUNT
		S	UBTOTAL		

#### PART 2: LOAN REPAYMENTS RECEIVED BY THIS CANDIDATE, OFFICEHOLDER OR COMMITTEE AND LOANS FORGIVEN BY THIS CANDIDATE, OFFICEHOLDER OR COMMITTEE

DATE OF REPAY- MENT OR FORGIVE- NESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INT RATE (IF CHANGED)	FUNGIVEN LOANS: Enter "Forgiven." ALSO	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL (DO NOT INCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED*
		-					
- Opining Passar Secretorius Secretorius (April 1997) - Opining Passar (April 1997)		·	<u>Particularing grands of the Control of the Control</u>				
- Annual			anima nicola confirma mone				
SUBTOTAL							-
*TOTAL ALL INTEREST RECEIVED THIS PERIOD, ALSO ENTER ON LINE 3 OF THE SUMMARY SECTION OF SCHEDULE G. DO NOT CARRY THIS TOTAL TO THE SCHEDULE EE SUMMARY.  TOTAL INTEREST RECEIVED THIS PERIOD				(b)			

## SCHEDULE EE - LOANS MADE TO OTHERS (PART 3) ANNUAL REPORT OF OUTSTANDING LOANS MADE FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

IAIEMENI	COAFK2 SEKIÓ
FROM	THROUGH

AME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEL)

T 3: ANNUAL REPORT OF OUTSTANDING LO BEFORE COMPLETING.	ANS MADE TO OTHE	RS <u>SEE INSTRUCTIO</u>	ONS ON REVERS	E
FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTERES
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			deficie de la companya	
ang dan menggunan kengkin dan dan gung mendadan dan dan dan dan dan dan dan dan d		*	and the financial and the second and	The second secon
			от на под том на противности на применения на под на п -	
				***************************************
		SUBTOTAL		

(NOTE: THIS TOTAL SHOULD BE THE SAME AMOUNT AS ENTERED ON LINE 9, COLUMN C OF THE SUMMARY PAGE)

#### **SCHEDULE E-1** PAYMENTS MADE BY AN AGENT OR INDEPENDENT CONTRACTOR ON BEHALF OF A CANDIDATE, OFFICEHOLDER OR COMMITTEE FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

	SCHEDULE CO	OVERS PERIOD
	FROM	THROUGH
pine'd.	I.D. NUMBER	(IF COMMITTEE)

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

#### **CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes is used to describe the expenditure, no written description is needed. Refer to the back of this schedule for detailed explanations of each category.

"L" - LITERATURE

"B" -- BROADCAST ADVERTISING

"N" -- NEWSPAPER AND PERIODICAL **ADVERTISING** 

"O" -- OUTSIDE ADVERTISING

"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" -- FUNDRAISING EVENTS

"T" -- TRAVEL, ACCOMMODATIONS AND MEALS

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS; INTERTO NUMBER OR, IF NOT D. NUMBER HAS BEEN ASSIGNED, (NTER THE TREASURER'S NAME AND ADDRESS)	CODE <b>OR</b> DES	CRIPTION OF PAYMENT	AMOUNT PAID
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			***************************************
		and the second s	
			TO SHARE OF THE PARTY OF THE PA
			anitari anitara anitari anitari di mangani anitari anitari anitari anitari anitari anitari anitari anitari ani

<sup>\*</sup>Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the candidate or committee.

# SCHEDULE F ACCRUED EXPENSES (UNPAID BILLS) FORM 420 OR 490

(Amounts May Be Rounded To Whole Dollars)

PA	IGE 18	OF 19
	STATEMENT	COVERS PERIOD
	FROM	THROUGH

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:

I.D. NUMBER (IF COMMITTEE)

#### CODES FOR CLASSIFYING ACCRUED EXPENSES

If one of the following codes is used to describe the accrued expense, no written description is needed. (Note exceptions on the back of this schedule for codes "C", "I" and "T".) Refer to the back of this schedule for detailed explanations of each category.

- "C" -- MONETARY & IN-KIND CONTRIBUTIONS
  TO OTHER CANDIDATES OR COMMITTEES
- "I" -- INDEPENDENT EXPENDITURES
- "L" -- LITERATURE
- "B" BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING

- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "G" -- GENERAL OPERATIONS AND OVERHEAD
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Outstanding Payment" column.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD NUMBER OR, IF NO LD, NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS).	CODE O	R DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
·i.			
-		ALE.	
		SUBTOTAL	

IMPORTANT: Do not itemize the payment of accrued expenses on Schedules E or F. Report the lump sum of these payments on Schedule F, Line 4 and on Schedule E, Line 4. Do not re-itemize accrued expenses which have been reported in a previous period.

#### **SUMMARY**

1	ACCRUED EXPENSES OF \$100 OR MORE THIS PERIOD	\$
	ACCRUED EXPENSES OF UNDER \$100 THIS PERIOD (Not itemized)	
	TOTAL ACCRUED EXPENSES INCURRED THIS PERIOD (Line 1 + 2)	
4.	ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Enter here	
	and on Schedule E, Line 4)	
5.	NET CHANGE THIS PERIOD (Subtract Line 4 from Line 3) Enter difference here and on Line 11. Column 8 of Summary Page	 \$

(May be negative figure)

Production to add a superior in the con-

#### SCHEDULE G MISCELLANEOUS INCREASES TO CASH POSITION FORM 420 OR 490

PAGE	19	OF_	19	****
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(Amounts May Be F	Rounded To	Whole	Dollars)
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STATEMENT COVERS PERIOD FROM THROUGH

NAME OF CANDIDATE, OFFICEHOLDER OR COMMITTEE:		I.D. NUMBER (IF COMMITTEE)		
DATE REC'D.	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD NUMBER OR, IF NO LD NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF ADJUSTMENT	AMOUNT OF INCREASE TO CASH	
wheel day by a subsection of the subsection of t	*			
			***	
<del>m ogo</del> vie <del>norma no algerro</del>		SUBTOTAL		
driadeansaineara promony proposity	SUMM	ARY	rangani hanara kerangan manana kerangan kerangan menangan kerangan kerangan kerangan kerangan pengangan pengan	
1.	INCREASES TO CASH OF \$100 OR MORE THIS PERIO	D		
2.	INCREASES TO CASH UNDER \$100 THIS PERIOD (No			
3.	TOTAL OF ALL INTEREST RECEIVED THIS PERIOD ON LOANS MADE TO OTHERS (Schedule EE, Part 2 (b))			
4.	TOTAL MISCELLANEOUS INCREASES TO CASH THIS PERIOD  (Line 1 + 2 + 3) Enter here and on Line 15 of Summary Page			